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Notice of Independent Review Decision

[Date notice sent to all parties]:

10/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: EMG /NCV for left upper extremity

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

Complaint - This gentleman was injured while working. The medical records that have been presented for review in this case show that he xxxxx. He subsequently had an EMG that reported severe ulnar nerve compression that resulted in surgery for transposition of the left ulnar nerve, and he also had bilateral carpal tunnel release. now reports that he has recurrent numbness and tingling in the small and ring fingers of the left hand along with crepitus and reduced range of motion in the left elbow. The doctor requests electrodiagnostic testing for assistance in planning further treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to the ODG recommendations, criteria for EMG requires NCV findings that are inconclusive. This gentleman has previous electrodiagnostic studies that

reported severe ulnar nerve compression. It is not clear why the requesting doctor does not have a clear diagnosis without the requested procedure. reported on xxxxx that had limited range of motion in the elbow, swelling in the elbow, and crepitus in the elbow. These conditions will not be clarified with electrodiagnostic testing. The gentleman also has numbness and tingling in the small and ring fingers. These conditions were previously diagnosed as chronic by EMG/NCV, and a repeat test will not clarify the situation, an it will not produce a better diagnosis. concluded on xxxxxx that no further surgery was indicated. Therefore, there are no indications for diagnostic procedures that might produce a diagnosis that is contrary to the previous compensable conditions.

Therefore, the request for certification for this procedure is non-certified for lack of accepted indications and for lack of compliance with ODG recommendations.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND
EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL
STANDARDS**